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PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on the use and disclosure of their protected health information (PHI). Individuals are also given the right to request confidential communications or that PHI be communicated in an alternative manner, such as sending correspondence to the person's office instead of the person's home.

Please indicate any restrictions on how and where we may contact you:

_____

_____ _____
Patient Signature Date

_____ _____
Print Name Birth date

The privacy rule also requires health care providers to take reasonable steps to limit the use of or disclosure of PHI. These provisions do not apply to specific uses or disclosures made pursuant to the individual's request.

Health care entities must keep records of PHI disclosures. The information recorded below will constitute such a record. (Note that uses and disclosures of information for treatment records, payment information, and healthcare operations are permitted without prior consent in an emergency.)

Record of Disclosures of Protected Health Information

Date	*Disclosed to whom, Address or fax #*	*Description and purpose of disclosure*	*By whom disclosed*	*Initials*